



Consent for Anesthesia and/or Surgery

I certify that I am the owner (or duly authorized agent for the owner) of my pet _____.

I understand that my pet will have anesthesia today. The doctors and staff of Animal Wellness & Rehabilitation Center take great care to ensure that my pet is well-prepared for anesthesia and offer state-of-the-art monitoring and care during the procedure. While every precaution will be taken to ensure the safety of my pet, I understand that there are always risks associated with any anesthetic procedure.

I do hereby authorize Dr. Amanda Pittman, DVM, owner of Animal Wellness & Rehabilitation Center, and her staff or representatives consent to perform the procedure _____ and all associated procedures deemed necessary to promote the health of my pet during this time. I do also certify that I will forever release Dr. Pittman, her staff, and Animal Wellness & Rehabilitation Center from any and all liabilities associated with this procedure or the anesthesia associated with this procedure.

LASER is frequently used post-operatively to reduce inflammation and provide pain relief.

I authorize the use of therapeutic LASER post-operatively on my pet.

I certify that my pet :

___ is not pregnant

___ does not have a pacemaker

___ is not taking photo-sensitive medications

___ that I have not applied any topical oils within the last 24 hours

I do **NOT** authorize the use of therapeutic LASER post-operatively on my pet.

Would you like us to provide your pet with a microchip? (circle one) Yes No

Would you like us to perform pre-anesthetic bloodwork on your pet? (circle one) Yes No Already performed

At the time you pick up your pet, we will go over any and all medications and instructions for your pet's care at home. Please allow some time for our staff to discuss these important details with you and answer any questions that you may have.

Please list the best phone number to reach you at today: _____

Print name: _____

Signature: _____ Date: _____